

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Lewis Deans</u>	COURT CASE NUMBER <u>3:05-cv-00283Tmb</u>
DEFENDANT <u>Sharon Shumacker</u>	TYPE OF PROCESS RECEIVED
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Sharon Shumacker</u>
AT	ADDRESS (Street or R.F.D. Apartment No. and ZIP Code) <u>DEC 28 2006</u>
SEND NOTICE	CLERK U.S. DISTRICT COURT <u>ANCHORAGE, ALASKA</u>
	Number of process to be served with this Form - 285
	Number of parties to be served in this case
	Check for <u>ANCHORAGE, ALASKA</u> on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):	

Signature of Attorney or other Originator requesting service on behalf of: Lewis Deans ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER 907-344-5151 DATE 10/26

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>6</u>	District to Serve No. <u>6</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>12/26/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>12-18-06</u> Time <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>\$8</u>	Total Mileage Charges (including endeavors) <u>5.36</u>	Forwarding Fee	Total Charges <u>\$1336</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: sent out certified - RR
Returned 12-26-06

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/00)

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

ORIGINAL

District of

Lewis Deans

SUMMONS IN A CIVIL ACTION

V.

Cindy Anderson
Sharon Shumacher
Jerry Sjolander
Jim Aronow
Julie Neal
Krista Shank
Debra Wilson
Art Arnold
Cheryl Guyette

CASE NUMBER: 3:05-CV-00283-TMB

TO: (Name and address of Defendant)

Sharon Shumacher

YOU ARE HEREBY SUMMONED to serve on PLAINTIFF'S ATTORNEY (name and address)

Lewis Deans
205 E. Dimond Blvd. #112
Anchorage, AK 99515

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDA RONALD

DATE

November 2, 2006

REDACTED SIGNATURE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0002 1407 6512

JUN 21 AM 9:001

Postage	\$ 1.11	0535
Certified Fee	\$2.40	07
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	13
Total Postage & Fees	\$ 5.36	12/13/2006

Sent To: *Sharon Shumaker*

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHARON Shumaker
6200

2.

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Print Name)

Date of Delivery

D. Is delivery address different from item A?

☐ Yes

If YES, enter delivery address

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ G.O.D.

4. Restricted Delivery (Extra Fee)

☐ Yes

1 2510 0002 1407 6512

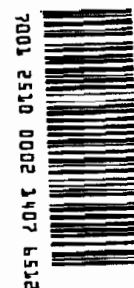
Domestic Return Receipt

102595 01-M-2808

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7001 2510 0002 1407 6512</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102395-01-91-2508</p>	

U.S. Department of Justice
United States Marshals Service
District of Alaska
221 West 7th Avenue, R28
Anchorage, AK 99511-7568
Official Business
Penalty for Private Use \$300

Sharon Spinnacker



7001 2510 0002 1407 6512



UNITED STATES POSTAL SERVICE
\$05.36
NOV 14 2006
MAILED FROM ZIP CODE 99513